

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 108

63-042596
STATE FILE NUMBER

FILED NOV 7 1963

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) Branson		c. CITY OR TOWN Branson	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hospital		Length of stay in lb 7 Months	d. STREET ADDRESS (If outside, give location) 515 Eiserman St
3. NAME OF DECEASED (Type or print) First Middle Last HILDUR ELVIRA PETERSON		4. DATE OF DEATH Month Day Year Nov. 4, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 27, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY housewife	9. AGE (last birthday) 79
13a. FATHER'S NAME Antone Liljestrang		13b. MOTHER'S MAIDEN NAME Christine Liljestrang	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Victor Peterson
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11/1/60 to 11/4/63 and last saw her alive on 11/4/63 . Death occurred at 5 A m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Kay Sullivan MD (Degree or title)	
22b. ADDRESS Branson Mo		22c. DATE SIGNED 11/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) buried		23b. DATE Nov. 6, 1963	
23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Cemetery		23d. LOCATION (City, town, or county) Branson, Mo	
24. FUNERAL DIRECTOR Walter Cobb		25. DATE RECD. BY LOCAL REG. 11-5-63	
ADDRESS Branson, Mo		26. REGISTRAR'S SIGNATURE Helen Campbell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

or by _____, Student Embalmer No. _____

Student _____

Signed

Licensed Embalmer No. 4121

P. O. Address Blauvelt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting

If this body is not embalmed, fact should be so stated above.